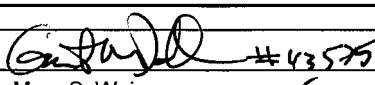


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

| | | | |
|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2009 | | Application Number | 10/549,915-Conf. #4688 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | July 16, 2007 |
| TOTAL AMOUNT OF PAYMENT (\$ 1,110.00) | | First Named Inventor | Tetsuya TOYOSHIMA |
| | | Examiner Name | P. J. Khatri |
| | | Art Unit | 1794 |
| | | Attorney Docket No. | 4252-0117PUS1 |

| | | | | | |
|--|--|---|---------|-----------------------|--------------------------------------|
| METHOD OF PAYMENT (check all that apply) | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | |
| <input checked="" type="checkbox"/> Deposit Account | | Deposit Account Number: | 02-2448 | Deposit Account Name: | Birch, Stewart, Kolasch & Birch, LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | | |

| FEE CALCULATION | | | | | | | | | | | | | | | | | | | |
|---|---------------------|---|--------------------------------|----------------------------------|-------------------------|---------------------|-----------------------|----------------------|---------------------|---|----------------------|----------------------------------|--|-------|------------|-------|--------------------------------|---|-------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | | | | | | | | | | | | | |
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid (\$) | | | | | | | | | | | | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ | | | | | | | | | | | | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ | | | | | | | | | | | | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ | | | | | | | | | | | | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ | | | | | | | | | | | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | |
| Fee Description | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 (including Reissues) _____ 52 26 | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) _____ 220 110 | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims _____ 390 195 | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> <th colspan="2" style="text-align: left;">Multiple Dependent Claims</th> </tr> <tr> <td style="text-align: center;">14</td> <td style="text-align: center;">- 20 or HP</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 52.00</td> <td style="text-align: center;">=</td> <td style="text-align: center;">0.00</td> </tr> </table> | | | | | | | | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | 14 | - 20 or HP | 0 | x 52.00 | = | 0.00 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | | | | | | | | | | | | | |
| 14 | - 20 or HP | 0 | x 52.00 | = | 0.00 | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. _____ | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">Indep. Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Paid (\$)</th> <th colspan="2" style="text-align: left;">Fee (\$)</th> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">- 3 or HP</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 220.00</td> <td style="text-align: center;">=</td> <td style="text-align: center;">0.00</td> </tr> </table> | | | | | | | | Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) | | 1 | - 3 or HP | 0 | x 220.00 | = | 0.00 |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) | | | | | | | | | | | | | | | |
| 1 | - 3 or HP | 0 | x 220.00 | = | 0.00 | | | | | | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. _____ | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">Total Sheets</th> <th style="text-align: left;">Extra Sheets</th> <th style="text-align: left;">Number of each additional 50 or fraction thereof</th> <th style="text-align: left;">Fee (\$)</th> <th colspan="2" style="text-align: left;">Fee Paid (\$)</th> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">- 100 =</td> <td style="text-align: center;">/50 =</td> <td style="text-align: center;">(round up to a whole number) x</td> <td style="text-align: center;">=</td> <td style="text-align: center;">_____</td> </tr> </table> | | | | | | | | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | _____ | - 100 = | /50 = | (round up to a whole number) x | = | _____ |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | |
| _____ | - 100 = | /50 = | (round up to a whole number) x | = | _____ | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) _____ | | | | | | | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month _____ 1,110.00 | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|---------------------|--|--|--------------------------------------|--------|--------------------------|
| SUBMITTED BY | | | | | |
| Signature |  #43575 | | Registration No. (Attorney/Agent) | 32,181 | Telephone (703) 205-8000 |
| Name (Print/Type) | Marc S. Weiner | | for | Date | October 19, 2009 |